

and the iodoform collodion applied will suggest themselves at once. The method is particularly applicable to wounds of the face and scalp, plastic operations, wounds of the fingers, operations upon the penis, phymosis, etc. The crust is not disturbed for from 10 to 14 days. Fingers should not be encircled with the iodoform collodion for fear of endangering their nutrition.—*Centralblatt f. Chirurgie*, No. 19, 1888.

III. Further Researches upon the Origin of Suppuration; its Relations to Ptomaines and to Blood Coagulation. By PROF. SCHEUERLEN. The author made a putrid infusion of rabbit's flesh by treating the same in water at a temperature of 25° C. It was then freed from albumen by heat, filtered and evaporated to 10 ccm. This injected under the skin of rabbits gave rise to but slight symptoms, but increased temperature. The same fluid, sterilized in small closed glass tubes, and broken in situ at the end of 3 weeks, excited at first no noticeable reaction externally; but after a further sojourn of 3 or 4 weeks in the tissues, the tube was found to be surrounded by a firm connective tissue capsule and isolated from the remaining opaque infusion in the middle of the tube with a yellowish white, pulpy substance of 3 or 4 mm. thickness. This substance proved, upon microscopical examination, to be pus, but contained no micro-organisms. This suppuration differed from that produced by an organized agent in that in no single experiment did it have a progressive tendency to penetrate further into the tissues.

A second experiment with 3 parts of the putrid meat infusion and 1 pint of blood resulted in prevention of coagulation of the blood.

In a third series of experiments, Scheuerlen prepared 30 pure cultures of *staphylococcus pyogenes aureus* and *albus*, upon agar-agar gelatine with an extract of meat obtained by percolation with hot water, and evaporating from 150 ccm. to 8 ccm. in a water bath. This, after sterilization, was introduced under a rabbit's skin in the same manner as in the above experiments, and resulted in precisely the same manner both as regards the suppuration and the prevention of coagulation.

It is shown by these experiments that a pure culture of *staphylococcus pyogenes aureus* as well as *albus* produces a decomposition product, which arrests coagulation of blood and causes suppuration.

A similar relation to the production of suppuration and the prevention of coagulation of blood is shown by two other ptomaines, namely, cadaverin and putrescin, placed at the disposal of the author by Brieger.—*Archiv. f. klinisch. Chirurgie*, bd. xxxvi, pp. 925-933.

IV. The Probing of Granulating Wounds. By R. VON MOSETIG MOORHOF. The author utters a timely warning against the too frequent abuse of the probe in granulating wounds. Septic infection can be produced not only through unclean instruments, but by means of the most carefully disinfected probe. The granulating surfaces exposed to the air, probably have upon their surface harboring places for bacteria. So long as the granulations remain intact, these germs are innocuous; as soon as the granulations are injured, the lymphatic spaces are opened, into which the cocci pass. They quickly multiply and initiate progressive septic processes. These dangers are diminished by careful disinfection of the wound as well as of the probe before introducing the latter. Cauterization of the surface with nitrate of silver previously, or simultaneously with the use of the probe by coating the latter with the melted salt, is recommended as an efficient method of preventing infection.—*Wiener Med. Presse*, 1888, No. 15.

G. R. FOWLER (Brooklyn.)

V. A New Mode of Treating Tuberculous Processes. By A. LANDERER (Leipsic). An experimental study of tuberculous affections, with a view to their cure, extending over a period of five years, and still unfinished for want of time.—Tuberculous affections of the more severe forms, such as suppurative, cheesy, necrobiotic processes can heal by cicatrization. Now tuberculous inflammations, having only a limited blood-supply (due to the slight vascularity of the formations), are not prone to cicatrize. Hence it becomes necessary to establish an inflammation at the points affected, in order to produce a solid cicatrix and thus cure the disease. The author seeks to establish an aseptic inflammation by chemical means. Carbolic acid and sublimate are not eligible for this purpose on account of their being too quickly absorbed; others, such as creoline, have not yet been tried.